



INTERNATIONAL COUNCIL
ON SOCIAL WELFARE
A World Organisation Promoting Social Development



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Regional Cooperation Newsletter – South Asia is an online quarterly newsletter published by the Inter-national Council on Social Welfare – South Asia Region. Currently, it is functioning from the base of the Tata Institute of Social Sciences, Mumbai, India.

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PREFACE

Dear Readers,

At the outset let me wish you all a very happy, productive and peaceful year ahead!!!

The last issue of the year 2016 is presented to you with interesting articles and commentaries on a issues in health care provisioning, policies for inclusion and regional cooperation and labour in informal sector.


With neoliberal policies driving much of the social and economic agendas of governments across the globe, there has been significant impact on the welfare outlooks of governments in the last two decades and more. Many nations have evolved several strategies to offset such negative impacts on social protection outcomes in such a scenario. Public-Private partnerships have been in place since the economic slowdown of 1970s and 80s. An approach initially adopted for drawing investments in infrastructure projects has gradually seeped into basic welfare programmes such as health care. Dr. Saman Afroz in her special article on the theme presents the prospects and pitfalls of PPP model by taking case examples from experiments in India. She forewarns that PPP model in health care provisioning can be one of the option but this cannot replace the role of state in providing basic health care to all.

Quite often powerful national economic and development policies are linked to regional and global cooperation. The case of the landlocked north east region of India is a significant example of such domestic policies opening up a window of opportunities to its neighbours in the South Asian and South East Asian fronts. The Look East Policy of India entails various objectives ranging from trade to security, geopolitics to international cooperation and development to cultural ties. The commentary by Richard Kamei and Kamei Gaikholnu titled “The Look East to Act East Policy” elucidates that only a participatory approach in the local and regional; economic, trade and cultural contexts can bring in the desired change in cooperation and regional development.

Informalisation of labour has been yet another unintended outcome of global economic development agenda. However some critiques of neoliberalism argue that informalisation of labour is by design an integral part of the policy itself. In any case, the process of informalisation of labour has brought in many challenges of ensuring social security for many as in the case of India with its 94% of workers remaining in the informal sector. The commentary by Nasmin Akhtar Choudary on “The Invisible / Unaccounted work force in India: Condition of Minority women in Home Based Informal Sector Work” presents the intersection of multiple factors of marginality where women workers face serious problems and constraints such as lack of continuity, insecurity, wage discrimination, unhealthy job relationship, absence of medical and accident care etc. The need for concerted policy practice by taking cognizance of gender based discrimination in the informal sector is advocated by the author.

This issue also reports about the Maidan Summit 2017 on Converging Education and Livelihood where editor has spoken on the need for bringing youth to the fore of transformatory process of Sustainable Development.

I sincerely thank Ms. Pheiga Amanda, PhD Scholar at Tata Institute of Social Sciences, Mumbai in her capacity as Guest Editor for her careful selection of articles, effective coordination and meticulous editorial support to make this issue a very meaningful and interesting issue. Contributions of all the authors are sincerely acknowledged and appreciated for making the presentation lucid and relevant to the august readers of this newsletter.



P.K. Shajahan (31 Dec 2016)

Special Article

PUBLIC PRIVATE PARTNERSHIPS (PPPs) IN HEALTH CARE PROVISIONING IN INDIA: A CRITIQUE

- Dr.Saman Afroz

ABSTRACT

Public Private Partnerships (PPPs) in health sector are mushrooming in India; particularly post National Rural Health Mission (NRHM), 2005 which uses it as an essential strategy to enhance the outreach of basic health services to the rural masses. There are speculations about whether these projects have been able to fulfill the above objective. The present paper attempts to map out the PPP projects present under NRHM across states. It describes the structure and function of three PPP projects that are being implemented in Thane district of Maharashtra, mainly with a view to analyse the effectiveness of these projects in reaching out to the rural masses.

Keywords: *Public Private Partnerships (PPPs), National Rural Health Mission (NRHM), Unserved and Underserved areas, High focus states, Non high focus states.*

Introduction

Public Private Partnership (PPP) has become a buzz word in the Indian health sector, especially post NRHM which employs it as an essential strategy for enhancing the accessibility and affordability of health services to the rural interiors, which the NRHM refers to as the unserved and underserved areas. Many schemes under NRHM have been launched in partnership with an NGO partner. Community Based Monitoring, Mobile Medical Unit, Emergency Medical Services etc. are some of the popular ones. The idea is that the NGOs through their contacts with the local masses can help the government sector in increasing the outreach of a particular health program. Another reason for the mushrooming of PPPs post NRHM is the fact that the enhanced funds under NRHM can be utilized best by starting new projects, for which PPPs are the easiest route as they provide enhanced manpower to do focused work on a particular issue. Most PPP projects are being criticised on account of corruption, inefficiency and lack of performance from the NGO partner. This paper is an attempt to

explore the above statement through case studies of three PPP projects under NRHM. On the basis of these projects the paper also attempts to draw a critique of PPP.

Public Private Partnerships- Concept

The report of PPP Sub group on Social Sector, GOI during the early part of 2000, have defined PPP as follows:

“Public-Private-Partnership or PPP is a mode of implementing government programmes/schemes in partnership with the private sector. The term private in PPP encompasses all non-government agencies such as the corporate sector, voluntary organizations, self-help groups, partnership firms, individuals and community based organizations. Here the services are delivered by the private sector while the responsibility for delivering them rests with the government. This arrangement requires the government to either enter into a ‘contract’ with the private partner or pay for the services (reimburse) rendered by the private sector” (GOI, 2004, p.4).

In other words, Public-Private Partnership (PPP) provides an opportunity for private sector participation in financing, designing, construction, operation and maintenance of public sector programmes and projects.

The context in which these PPPs emerged has rightly been explained by Nishtar (2004), according to whom, “PPP’s arose in the context of the inability of the State to deliver the various welfare services to its citizens in terms of public utilities (like road, power and water supply) and merit goods (like education and health) due to the lack of resources and management issues. The inability of the public sector to deliver the public goods entirely on its own in an efficient, effective and equitable manner necessitated the development of different interface arrangements, which involved the interfacing of organizations that had the mandate to offer public good on one hand, and those that could facilitate this goal” (p.1).

PPP projects are being implemented on the basis of three generic models proposed by Annigeri et.al. 2004, which are described below:

1. Social Marketing: As defined by Annigeri, is the application of Commercial Marketing techniques to achieve a social objective. (Annigeri et.al.,2004). The model has been applied to expand the use of, and access to contraceptives for nearly 30 years now (Annigeri et al., 2004).

2. Social Franchising: Franchising is an established business model designed to allow growth and replication while retaining certain controls and quality standards (Annigeri et al., 2004). In Franchising, service delivery points or franchisees contribute resources of their own in exchange for the right to offer a defined set of health services and products

of a franchiser for a perceived market advantage or to pursue a common social mission (McBride & Ahmed, 2004).

3. Contracting: As defined by Annigeri et al. (2004),

“A contract is a legally binding legal agreement between two or more parties that specifies something provided (such as products and services) and something received in return (usually payment for the product or services). In most RCH cases, the government contracts with an individual or organization to provide certain products (such as contraceptives, posters, Test kits) or services (for example training, HIV testing-rays) in return for money.” (p.5).

Based on the above mentioned models, several PPP projects are being implemented in our nation most of which fall under the umbrella of NRHM, renamed as NHM (National Health Mission).

PPP’s under NRHM

The National Rural Health Mission (NRHM), launched by the Prime Minister of India on 12th April 2005, uses Public-Private Partnerships as an important strategy for achieving the public health goals of providing quality health care which is affordable and accessible to the majority, especially those residing in the rural interiors. The reason for enlisting PPP as an important strategy for implementing the Public Health Goals under NRHM is the lack of capacity in the high focus¹ states to implement multiple tasks

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¹ The NRHM gives special attention to 18 states as they are the ones with weak public health indicators. These states are referred to as high focus states, while the rest are referred to as non-high focus states.

ranging from preparations of district plans to running of mobile medical units. This coupled with huge inflow of funds from Government of India (GOI) along with a pressure to increase the spending on health under NRHM necessitated partnerships with the private sector (Gupta, 2009).

All PPP initiatives, under NRHM across states, were started with an aim to increase accessibility of health services, which otherwise was not possible for the state governments because of paucity of funds and human resources. NRHM provided an unprecedented flexibility in planning and execution and also encouraged innovative ways to improve service delivery. The structure of the State Health Society created to implement NRHM, facilitated faster decision making. These factors led to planning of many projects within a short span of time, majority of which were executed in PPP mode. In a small period of time, many PPP projects were planned and implemented simultaneously (Ibid).

Hence post NRHM, many PPP projects were initiated in various states. In many states, the PPP projects that existed pre NRHM were merged along with it.

PPP projects like Community Based Monitoring, Mobile Medical unit, Accreditation of Private Specialists for Institutional delivery under JSY, Contracting of PHC, Ambulance services through Emergency Medical Services and transport services for pregnant women are being implemented in almost all the states following the same standard guidelines. However, different states have also developed their own specific projects to cater to their area specific needs.

A closer look into these projects across states indicates that more attention is given to PPP projects in the high focus states where these projects were started when the NRHM was launched in 2005. On the other hand, in the non-high focus states, PPP projects are not a priority and most of them have been launched very recently. This can be attributed to the huge fund inflow in the high focus states, the utilization of which can happen easily through PPPs. One also observes that the most popular model seen for forging partnerships across states is the Contracting Model. In rare cases, Social Franchising and Cross-Subsidization was also seen.

Now, the question that needs to be addressed is that how successfully are these programs being implemented and how far they have been successful in enhancing the outreach of basic health services to the rural masses which is the main intention behind launching of these projects. Case study of three better performing PPP projects of Thane district in Maharashtra, helps in throwing some light on this. These includes the Sickle Cell Disease Control Program, Mobile Medical Unit and Service NGO Scheme.

**i. Sickle Cell Disease Control Program
an Overview:**

The program aims to prevent and control the Sickle Cell Disease in Thane district. The government's role in the program includes funding, monitoring, training, testing, diagnosis and treatment. The NGOs role is limited to awareness generation.

The activities of the program include awareness creation in the community regarding the disease, testing in PHC as well as the camps, counselling and treatment. In future, the program aims to focus more on

antenatal and neo natal care and also registration of sickle cell sufferers and carriers to get benefits of the Antyodaya scheme meant for the BPL families.

The NGO receives an amount of Rs.40 lakhs in two instalments. Funds are received by the District Health Society (DHS) from the State Health Society (SHS), who then disburses it to the Taluka Medical Officer (TMO) of each Taluka, who distributes it to the PHCs of his Taluka. The NGOs directly receives the fund from the DHS. These funds are received on time by the NGO. Both the NGO as well as the government do not find the program to be cost effective as the NGO ended up spending much more on the program than the fund received.

The program tries to maintain its quality through training and monitoring. However, both were found to be weak components of the program as the government does not pay attention to the same. Equity of the program is questionable as very few people in the interior villages were aware about the disease and its control program. The program is not self-sustaining as in order to continue the testing's at the PHC, the program needs governments support and funds. SCDCP has been able to create some awareness about the disease and has identified the sickle cell carriers and sufferers and offers them treatment.

ii. Mobile Medical Unit and Overview:

The program aims to provide health services to the poor people in the unserved and underserved areas where there are no health facilities. The government is involved in the provision of van and equipment's, funding and planning for the vans operation, training and monitoring. The NGO is involved in appointment of staff and running the vehicle

on a daily basis as per the governments schedule and reporting.

The activities of the program includes provision of primary health services in the assigned area which include curative services, first aid, referral services, family planning, antenatal and post natal care etc. In future the program aims to cover more blocks and villages within the existing blocks and to make the van more automated.

The annual allocation for the NGO is Rs. 17 lakhs per month disbursed in two instalments. Fund is received from the Central Government by the State Government who then disburses it to the District Health Society which then allocates the funds to the NGOs. The program has just taken off and the time for disbursement of second installment hasn't come. However, the staff of the trust doubt that that they would receive it on time. The trusts staff were also skeptical about the cost efficiency of the program and felt that the amount sanctioned for the program would be too less for running the same.

Quality maintenance through training and monitoring was found to be a weak component of this program as well. The program is equitable in nature as it covers Jawhar and Makhada blocks which are the most underprivileged blocks of the area. The program is not self-sustaining as the cost of running it is too high and cannot be continued without government funds. Since the program has just started and many services are yet to be provided in the van, it is too early to comment upon its impact. However, the providers as well as the beneficiaries were happy with its operations so far.

iii. Service NGO an Overview:

The program aims to achieve Population stabilization by complementing the public

health system in achieving the goals of Reproductive and Child Health Program. While the government is involved in funding, training and monitoring of the program, the role of the NGO is to provide RCH services as per the indicators provided by the government in the area of ANC care, Institutional Delivery, Family Planning and Immunization.

The activities of the SNGO are focused around the four core areas of ANC care, Institutional delivery, family planning and Immunization. ANC and Institutional delivery are however the main focus of SNGO activities. In future the SNGO would stop the van services in the nearby villages and instead run it in other set of villages. It would also focus more on family planning and immunization by organizing family planning camps once in a month.

SNGO receives an amount of Rs. 15 lakhs annually in two instalments. Fund is received by the State Reproductive and Child Health (RCH) society from the central govt. which is then released to the DRCH society, from where it goes to the SNGO. It is been a few months since the SNGO is due to receive its second installment. The SNGO is spending far more amount on its RCH activities than what is allocated under the program. Hence it is not cost effective.

The Regional Resource Centre located at Family Planning Association of India, Mumbai organizes time to time training for the SNGO staff. Besides, the SNGO itself organizes an intensive training for its field level staff which included the Multipurpose workers and community health volunteers. Monitoring is done by the District RCH society and the State RCH Society by assessing the progress made in and around the core issues of intervention which includes the

ANC care, Institutional delivery, Immunization & Family Planning. Reports prepared by the SNGO are the only monitoring tool, no site visit is made.

The equitable nature of the program can be assessed from the fact that almost all the villagers covered in the FGD were aware about the trust and its activities and were accessing the same. Equity is ensured mainly by virtue of the Mobile Medical van which provides services in the interior villages. The scheme can sustain itself in the absence of government funds by generating funds from other sources. SNGO is a part of the larger MCH program being run by ML Dhawale Trust.

The interventions of the trust have resulted in an increase in the institutional delivery in the area. There has also been a remarkable increase in the number of women seeking ANC care.

PPP's under NRHM: A Critique

While most of the above mentioned projects were found to provide health services to the unserved and underserved rural areas, a lot of lacunae were observed in their implementation. All these projects suffered from shortage of funds and staff, and an overtly dominant attitude of the government where in it is not even performing the roles that it is meant to and is passing the same to the private partner. While the government is expected to perform the roles of funding, monitoring and training, it has happily assumed just the role of a funder. It assumes that funding is a responsibility big enough by virtue of which it can shirk away from the rest of its responsibilities and dominate the private partner. Thus, it is right when theorists say that PPPs have made the public sector lazy and

inefficient and has given them a chance to absolve them from their responsibilities.

Hence in these projects the government is only playing the role of a watch dog, always on the lookout to find faults with the private partner without actually understanding the problems that they face at the level of the field. They lay down strict guidelines for the private partner and set targets, which most of the time is unachievable, as a result of which the private partner feels pressurized. Hence, these partnership programmes are purely skewed in terms of power relation between the two partners, with the government playing the dominant role. It is the government who initiates and designs the programme, the private partner is merely acting on their orders. Baru & Nundy (2008) in her analytical paper on PPPs mentions that,

“It is significant that the MOU is weighted, in terms of authority and power, towards the government. As a result, one could question the extent of equality between the two partners which is the defining parameter for PPPs. In the case of this NGO, one can classify government as the major and the NGO as the minor partner on the basis of devolution of power and authority between the two. Hence the government becomes the major partner since it defines the terms and conditions while the NGO becomes the minor partner owing to the fact that it has very little power to contest or negotiate the terms and conditions in the MOU” (p. 67).

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Even the NRHM document mentions that, *“The Public Sector should play a lead role in defining the framework and sustaining the partnership”* (NRHM, 2005-12).

Hence it would be incorrect to call these programmes a partnership. In fact many authors like Richter (2003) and WHO (2001) have chosen to use the term ‘public-private interactions’ rather than PPPs (WHO 2001; Richter 2003). The choice of the term ‘interaction’ is deliberate, and is meant to emphasize that most of the public-private arrangements are, in fact, not partnerships at all, in the sense that there is neither an equality in relationship nor reciprocity in obligations.

Conclusion

To conclude, PPPs in health care can be an effective tool for health care provisioning, if the partnerships are designed with proper planning wherein both partners share equal roles and responsibilities and work towards a common goal. A partnership programme where the government is playing the dominant role is not healthy for the effectiveness of the programme. However good a PPP programme may be, it cannot be a substitute for the government provisioning of health services. PPPs can be one option for health care provisioning, but cannot be the only one of the options. It is high time that the government should focus on building its own capacities in terms of providing good quality health services which is accessible and affordable to all.

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Commentary

LOOK EAST TO ACT EAST POLICY: INDIA’S WINDOW TO SOUTH AND SOUTH EAST ASIA

-Richard Kamei and Kamei Gaikhonlu

Background

Look East Policy has its genesis in the year 1991 when India opened up for liberalisation. The policy was aimed to configure land locked northeast region of India for international relations with its neighbour and to gain a foothold in South East Asia. The 1990s was a period conspicuous of rapid economic development and growth of Asian countries, especially in South East Asia. South East Asia came to be recognized as a region with vast economic potential, and in close tandem the Indian sub-continent was fast emerging as an economic and political force to be reckoned with. This is when the Indian leadership came up with the concept of “Look East”. Look East policy encapsulates this outlook in presenting India an important player to consolidate the whole South East Asia for trade and international cooperation. The thrust from here placed India to create and expand regional markets for trade, investments and industrial development.

The Look East Policy is generally portrayed as a linkage to South East Asia countries which is true but in essence Myanmar remains central to this policy. Myanmar is still marked by its ethnic tension, the experiences of military rule, instability of political climate and underdevelopment of economy. Add to this, the country is also reeling under “protracted diplomatic isolation and ostracism by the international community”. With its ambivalent feature, Myanmar is yet bestowed as the gateway to South East Asia. Its important place in Association of Southeast

Asian Nations (ASEAN) is one of the key factors which is of pivotal significance for this policy (Das, 2010: 348).

India’s northeastern region is a linking point to South East Asia countries. The significant role northeast region will embody exudes the opportunities for trade, economic opportunities and development of the region. The northeastern region in the past had a linkage with its neighbouring region including Myanmar and Bangladesh. The change in power has its impact in severing the linkages among different regions. This is attributed to the British in reference to the separation of Burma (now Myanmar) from British India in 1935, and the partition that took place in 1947 that went on to create India and Pakistan. Policy and steps taken by the Government continue to keep the region “landlocked and peripheral”. The region has its own share of problems; these are “poverty, underdevelopment, regional inequalities, insurgency, ethnic conflicts, xenophobia, etc” (Srikanth, 2015: 45).

However beyond the tie between Northeast India and its neighbouring defined under the Look East Policy, there existed interface and relationship among them in the past. The cultural affinity of northeast region with its neighbouring countries can be looked into from its geographical location where only 2 per cent of its boundary shares with the rest of India and the rest 98 per cent with its neighbouring countries. This reality should be internalised in the Look East Policy for expanding the scope of people participation

and to promote peace in the region in its quest for trade, development and security (Phanjoubam, 2016). The emphasis on Myanmar stems from the fact that it is India's gateway to South East Asia. This entrusts Myanmar as the crucial factor for Look East Policy. This policy has been echoed by successive governments over the past two decades in its efforts to expand India's tie with Myanmar in terms of trade, geopolitics and development and with South East Asian countries (Maini, 2014).

The focus of the policy was on expanding India's tie with South East Asia and strengthening its geopolitics. Later it includes trade as one of the factors to foster the growing relationship between India and South East Asia countries. The thrust on infrastructure development for connectivity comes into focus after Myanmar was included in ASEAN in 1997. The inclusion of Myanmar as a permanent member in ASEAN is seen as a propelling force to make use of the opportunities provided by Look East Policy. Policy makers have taken note of this significance in the light of the potential Look East Policy offers. One can witness the announcement on infrastructure development for road, railways, air routes, sea route, telecommunications and harnessing of available resources for hydroelectricity. Some of the prominent ongoing projects of Look East Policy are "Moreh -Tamu-Kalewa Road, India-Myanmar-Thailand Trilateral Highway, Trans Asian Highway, India-Myanmar rail linkages, Kaladan Multimodal project, the Stilwell road, Myanmar-India-Bangladesh gas and/or oil pipeline, Tamanthi Hydroelectricity project and optical fiber network between Northeast India and Southeast Asia" (Rahman, 2013).

If one traces the history of India's approach to connectivity, the earlier days were more into connecting people, villages, towns and cities. In this regard, the construction of roads and railways since the past remained an important step in connecting various places in India. This form of expanding connectivity is now focused on enhancing trade and development in contrary to the notion of bringing people together and for nurturing of social cohesion. The thrust on connecting villages, towns and cities is now translated into facilitating trade by building the shortest route of roads, highways, railways etc to industrial corridors, sea ports and airport (Srikanth, 2015). Likewise there is an aggressive implementation of ongoing projects for connectivity in pursuit of Look East Policy. The much highlighted the Trilateral Highway Project is underway for its objective in connecting "Moreh in Manipur to Mae Sot in Thailand via Bagan in Myanmar". In tandem to this proposal, there is also thrust to expand and develop infrastructure in the region from road linkages and rail connectivity between Jiribam, Assam and Hanoi, Vietnam via Myanmar. In the meantime, Stilwell road is also being emphasised to explore on its possibility in connecting India to Myanmar. To augment the changes and various upcoming projects, Telecommunications Consultants India Limited (TCIL) has undertaken a project for telecom network in installing optic fibre link measuring 6 kilometres is slated to connect between Moreh, Manipur and Tamu, Myanmar. This will be followed by second phase of the project in linking Moreh to Mandalay (Das, 2010).

Other prominent ones include the development of the existing Moreh- Tamu border posts and the slated bus service between Imphal and Mandalay which may see its day of operation

in near future. In addition to strategic and economic aspects of Myanmar's role in Look East Policy, it also sends out its importance to India as a member of the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperative (BIMSTEC). BIMSTEC has membership from countries like Bangladesh, Bhutan, Sri Lanka, Thailand and Nepal. And on the other side, BCIM (Bangladesh-China-India-Myanmar Forum for Regional Cooperation) also has membership from India and Myanmar (Maini, 2014).

In view of this policy, India has entered bilateral agreements with Bangladesh to facilitate connectivity and to see this into practice there is a plan to revive old roads and railway routes between northeastern states and Dhaka in Bangladesh and then it will connect Kolkata. There are also talks for the possibility of linking northeastern states to South East Asian and mainland India via sea by having access to sea ports in Bangladesh. These projects are believed to ease the movement of people and also the trade (Srikanth, 2015). In addition to strategic and economic aspects of Myanmar's role in Look East Policy, it also sends out its importance to India as a member of the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperative (BIMSTEC). BIMSTEC has membership from countries like Bangladesh, Bhutan, Sri Lanka, Thailand and Nepal. And on the other side, BCIM (Bangladesh-China-India-Myanmar Forum for Regional Cooperation) also has membership from India and Myanmar (Maini, 2014).

The current development in Look East Policy has witnessed changes over the decades. Currently there has been more emphasis on trade which is reflected in the number of ongoing projects in the region. This move is seen as a departure from the policy on counter

insurgency operations and security issues. As Look East Policy is being aimed to curb insurgency and maintain security by fostering the region for development through trade and multilateral cooperations. The near future promises more development for the region and in bringing people together through trade and cultural exchange.

According to the World Bank, north east region is synonymous for its “low-level equilibrium of poverty, non-development, civil conflict, and lack of trust in political leadership”. In conjunction to this, the policy makers approach in viewing northeast region as a frontier region only has put them under contradictions to the democratic principles in quest for development and peace in the region. The inclusion of what the locals want and upholding the rights of indigenous people could pave way to bring in holistic development by favouring the sentiments of the local people (Rahman, 2013).

The Obscured Highway

The Look East Policy has been revamped as Act East Policy after the advent of the Modi Government in the year 2014. Modi Government is looking at ways to strengthen the existing objectives by emphasising on “an agreement to crack down on regional insurgencies, a route-mapping exercise for the long-awaited Imphal-Mandalay bus service, and continued progress on the India-Myanmar-Thailand Trilateral Highway and Kaladan Multi-Modal Transit Project”. The rhetoric of placing Myanmar as a connecting link to South East Asia is being aimed to set this into its realisation. There are unanswered questions when it comes to poorly maintained Asian Highway 1 (AH1) and the absence of air route between India and Myanmar. In terms of trade, over the last few decades, the India-Myanmar bilateral trade has

witnessed a growth ranging from Rs 9.8 billion (163 million) in 1997-98 to Rs 131 billion in 2013-14. However this growth in trade comes largely from sea trade. There is thus a need to look into the possibility for more aggressive trade via land route between India and Myanmar. The ongoing Act East Policy echoes this reality and is making every possible step to broaden the scope of trade, connectivity and tie between India and South East Asia (Downie, 2015).

The prospect of Look East policy and its infrastructure development especially successful construction of highways and railway line are assumed to smoothen the trade on its own. This view overlooks the realities surrounding the region that comes under look east policy. Bhaumik in Srikanth (2015) substantiated that these regions including northeast India and neighbouring countries are home to ‘ethnically volatile and militant – prone areas’. When one moves from the northeast India side, there are presence of United Liberation Front of Asom (ULFA), Naga, Kuki and Meitei militants etc whose operations are active. Likewise in Myanmar, the highway will pass through places like Rakhine state where communal clashes between ethnic Buddhists and Rohingya Muslims are taking place time to time. Towards the southeast part, Thailand and its border will have the proposed Trilateral Highway and Asian Highways. These highways will pass through Karen and Kaya states which are known for the presence of militant groups like Karen National Union (KNU) and Karenni National Progressive Party (KNPP). BCIM corridor is slated to reach China by traversing Kachin and Shan state of Myanmar-a state known for the active militant groups of Kachin and Wa (Srikanth, 2015).

In these regions the insurgents groups are said to be in control of trade taking place wherein they pursue both legal and illegal business. Sajal Nag in Srikanth (2015) echoed this reality by stating that there exist various written accounts on how militant groups control Moreh town which is at Manipur border with Myanmar. Similarly the situation in Myanmar is not different where militant outfits have a control over trade and they are not likely to obstruct the movements of trade via highways and railways when they can collect illegal taxes from the vehicles passing through the routes for trade (ibid, 2015). In addition to this issue, the civil society from ethnic community residing along the highway demonstrate blockades and other inconveniences time to time over issue that are of concern to them. There is no likelihood that this will not stop with the full implementation of Look East policy. The Centre should do more than providing security in easing the movement of vehicle along the BCIM and BIMSTEC corridors (ibid, 2015).

The introduction of Look East Policy in the region has mixed response- one section is optimistic that the policy will generate employment opportunities, cultural ties with neighbouring countries and development, and the other section held that the policy will intrude into the lands and resources leading to alienation and deprivation, cheap labour, and fear of acculturation.

With multiples of issues and disconnect with ground realities, the Look East Policy seemed to be framed from Delhi perspective. This shows that the policy is far cut off from the local people and their needs. The poor infrastructure and lack of opportunity give a rendition to this complexity in offering opportunities for employment and business, and development potential of the region

(Goswami, 2015). In the current scenario, the rapid urbanisation and the influx of outsiders sow a seed to local people resentment over land, jobs and culture. It is pertinent to acknowledge voices coming from the people in making the policy conducive by acknowledging the sentiments and consent of the local people.

The worldview accompanied with Look East Policy mirrors a struggle in placing the importance of local people and their immediate concerns toward land, culture and socio-political and economic conditions. This is with the development and ambitious projects announced under Look East Policy which aims to open up the land locked region of northeast India. Locals feel that unchecked development and incoming of migrants with the road way and rail route connectivity can lead to unmitigated erosion of every available resource and push the local people to the brink in turning them into minorities in their own land.

Conclusion

The Look East Policy has been spearheading to bring India closer to South East Asia by opening up land locked region of northeast India. It entails various objectives ranging from trade to security, geopolitics to international cooperation and development to

cultural ties. The policy under the NDA Government has revamped its approach by renaming ‘Look East Policy’ to ‘Act East Policy’. Act East Policy ushers on speedy completion of ongoing projects and implementation of the policy. It also hinges on expanding the policy with special focus on trade by exploring the land, sea and air routes. All of these ambitious projects under Look East Policy are without its share of stumbling block. The region including Northeast India, Myanmar and Thailand is marked by its militarisation, ethnic politics and insurgency. The policy intends to resolve this issue but the multiple inconveniences caused remains a big challenge. Indigenous people who are living in this region in close relationship with its customary law, land and forests are given hope for development and employment opportunities. The manner in which the ongoing projects of Look East Policy are being implemented raised an important scenario of assessments related to social and environmental impact, the rights of indigenous people over their lands and forests and the concept of consent and consultation. This is where development contradicts to its objective where people who are to be benefitted from this policy are exposed to vulnerability of land alienation, eviction, acculturation, exploitation etc.

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Commentary

**THE INVISIBLE \ UNACCOUNTED WORK-FORCE IN INDIA:
CONDITION OF MINORITY WOMEN IN HOME BASED
INFORMAL SECTOR WORK**

-Nasmin Akhtar Choudary

An overview

India is world second largest labour market after China, in 2012 there were 487 million workers in India, of these about 94 percent belong to unaccounted category or informal sector. All though it has less than 2.4 per cent of the world's landmass, it is home to about 18 per cent of the global population. Considering employment in India, a distinction has traditionally been made between the organised and unorganized sector. This distinction is similar to that made between what has been called the formal and informal sector in the other part of the world. Although there has been some confusion between these two typologies, a ministry of labour commission report noted in 2002 that – it has almost become the universally accepted practice to that the words ‘unorganized sector’ and informal sector’ as denoting the same area, they are therefore regarded as interchangeable terms. However the definition widely used is – informal workers consist of those working in the informal sector or households excluding regular workers with social security benefits provided by the employers, and the workers in the formal sector without any employment and social security benefits provided by the employers”

In India, 94% of the labour lies in the unorganized sector with most of them in farm sector falling under the informal category, while only one-fifth of the non-farm workers are found in the organized sector. The term Unorganized labour has been defined as ‘those workers who have not been able to organize themselves to pursuit their common interests due to constraints like casual nature of employment, ignorance and illiteracy’

The share of organized workforce was about 8.per cent by 1983, which declined to 7.54 per cent by 2004-2005. The corresponding share of unorganized workforce was about 92.07 per cent by 1983, which increased to 92.46 per cent by 2004-2005 Year. According to the figures based on the 61st National Sample Survey Organisation (MOSPI, 2006) total employment in India was 457.46 million in 2004/2005, of which the estimated number of informal sector workers (i.e. defined by enterprise) was 394.9 million, 86 per cent of the total. But the number of workers with informal job status was considerably higher: almost 423 million in 2004/2005 or 92.38 per cent of the total workers (NCEUS, 2008; Naik 2009). Also while 99% per cent of the workers in the informal sectors were informal workers, only just over half of the

numbers of workers in the informal sector were the formal workers (i. e. covered under social security) down from 62 per cent in 1999-2000. The total number of informal workers is increasing not only in absolute numbers but also as a proportion of employment with increasing casualization and sub-contract work in urban employment. Productivity in the informal sector is generally low and falling with informal workers generating just 44 per cent of GDP in 2004-2005. The largest numbers of informal workers are, in agriculture, accounting for 99 per cent of employment in the sector. In the non-agricultural sector the highest numbers of informal workers are in retail trade, construction, land transport and textiles.

According to the latest government calculation (base year changed from 2004–05 to 2011–12, *Economic Survey* 2015–16) the gross domestic product (GDP) growth rate increased from 7.2% in 2014–15 to 7.6% in 2015–16. When compared to the world GDP growth rate of 3.1%, it has been claimed that the Indian economy is the fastest growing major economy in the world. According to another estimate, GDP increased about more than sevenfold in current prices in the last two decades. With higher than world average growth, India's share increased from 4.8% of the world GDP in 2001 to 7% into 2016 creating the impression that India is emerging as a global economic power. And yet, the Indian economy remains among the poorest economies in the world; even among its immediate neighbours. With a per capita GDP (on purchasing power parity basis)

measured at \$5,214 in 2013 this is 54% lower than that of Maldives, 44% lower than that of Sri Lanka and 27% lower than that of Bhutan (UNDP 2015). In other words, even ignoring all problems of income distribution implied by the per capita measure, India is still a very poor country.

Abysmal condition of Informal Sector

The informal sector suffers from cycles of seasonality of employment and majority of the workers do not have a stable and durable avenue of employment. Even those who are visibly employed are not substantially employed, the workplace is fragmented and scattered. The workers do the same kind of jobs even in different habitations and maybe not work or live together in compact areas. There is no employer – employee relationship between the worker and the employee. The informal sector is fast expanding, while the organised sector is shrinking. Contract, casual, temporary, part-time, piece-rated jobs and home based work etc. are increasingly replacing permanent jobs. Most cruel impact of globalisation is borne by workers especially in the traditional and informal sectors, they are alienated from the mainstream of the society in terms of welfare schemes, benefits and social security. They do not have any bargaining power. The people of the unorganized sector are being considered as objects and machines to achieve the target of maximum productions. Therefore, the degradation of human as an object has been set and the meaning and dignity of work thereby seems to have been distorted in the country. The informal sector workers are subject to exploitation significantly by the

rest of the society. They receive poor working conditions and the wages are below than that in the formal sector. The unorganized workers do not receive sufficient attention from the trade unions. The workers in the informal sector, a large number of who are women, have no job security. Their labour falls under the category of unskilled or low skilled and thereby low paid. Availability of work is irregular; when work is available, they have to work for long hours without additional incentives. However the concerned governments choose to ignore this open flouting of the labour laws.

Women’ the Invisible workforce; Muslim women’ the most vulnerable category in informal sector labour.

Women constitute a considerable percentage in the informal sector work force. In India 94% of the total women workers are engaged in informal sector, of which about 20% work in the urban sectors. It is found that there are discriminations of wages, nature of work and also availability of work on the basis of sex. It is also said that bargaining power also rests with the employer, contractors and middleman. Home based production employing women workers lacks visibility depends mostly on merchant contractors or industrial capitalist and subject to non- applicability of labor legislations and loss of employment. In the National Commission Report and other studies, it has been demonstrated that the socio-economic status of women workers in the informal economy is quite low.

A recent baseline study conducted by an NGO where the author herself was engaged find the following first hand data. The study was conducted in 15 states among 9074 workers for individual questionnaire and 1200.

- *The sample has 53% women and 47% men. Except among construction workers, women outnumber men in all other occupations. This is a clear evidence of feminisation of labour.*
- *24% of all workers are part of collectives. Most collectives are informal groups. Only a few, like in Bihar or Karnataka are linked to state level associations. However, most collectives have a formal structure even though they are not linked to larger associations or groups.*
- *The access to social security varies from one occupation to another. But across the board, the awareness of social security and its access is even below 25% of the workers in each category.*
- *Workers are aware of identity cards, which are seen as the first step to start accessing social security. But access to them as to other social security measures is quite low. It differs from one occupation to another.*
- *All women shared that they received lesser wages than men across all occupations. In some cases, it was as low as a third of the men’s wages.*
- *Lack of drinking water and toilet facilities was also common among most occupations. Only those who were self-*

employed or were home based workers, that this situation did not arise.

- *A common theme across workers of all occupations with whom the focus group discussions were carried out was that they wouldn't want their children to take up the same occupation as them.*
- *Apart from construction workers and some vendors, a maximum number of workers were unable to share what kind of trainings they would like to have or what their suitability would be for upgradation of their skills. Hence it is important that assessment of training needs is done thoroughly before designing them.*
- *The data on home based women workers with whom the project works only for skill building, shows that only 6% have access to credit. Two-thirds of them are dependent on middlemen for selling their products. They have shared about the exploitation by the middlemen.*

The International Labour Organisation (ILO) says that women represent 50% of population, 30% of the labour performs 60% of all work force receive 10% of world's income and own less than 1% of world property

The Muslims are the largest minority [13.4%] in India. The concept of human development, as put forward in the Human Development Reports of the UNDP define human development as a process of increasing people's choices by providing them with education, health and employment opportunities. As the Sacchar Committee [appointed by the Prime Minister in 2005 to assess the socio-economic

condition of Indian muslims and suggest ways to alleviate the situation] has established all indicators suggest that Muslims in India have a poor human development status- widespread illiteracy, low income, irregular employment - implying thereby a high incidence of poverty which is all pervasive. In addition to the 'development deficit', the perception among Muslims that they are discriminated against and excluded is widespread, this exacerbates the problem. The Sacchar Committee strongly suggests that the policies to deal with the relative deprivation of the Muslims in the country should sharply focus on inclusive development and 'mainstreaming' of the Community while respecting diversity.

The women of the Muslim communities can be called "minorities within minorities". Not only they belong to the minority community but also belong to a gender that is still considered weaker section of the society i.e 'women'. Notions of hierarchy and patriarchy are deeply imbedded in the community which restricts the women to actively take part in the economic sphere. Most of the work they are engaged into are home based piece-rate (mostly contract based) workgarment stitching, embroidery, zaari-zardozi, kite making etc. They do not have access to the market, neither do have any collective for increasing their bargaining power. Hence they have to be satisfied with the wage / rate middlemen fixes for them, thereby earning a very little amount of money compared to the labour and skill they invest in production

Displacement from traditional occupations has contributed to Muslims being deprived of their means of livelihood and has led to economic backwardness. Despite the economic boom being talked about in India today one finds that Muslims in India have had to bear the brunt of the so called “competitive” forces unleashed by liberalization. Liberalization has brought with it considerable costs in terms of unemployment and displacement of workers who have lost their jobs to competitive companies that import products. Muslims, by and large, are engaged in the unorganized sector of the economy which rarely enjoys protection of any kind and therefore the adverse impact of liberalization has been more acute for them. The traditional occupations of Muslims in industries such as silk and sericulture, hand and power looms, the leather industry, automobile repairing, garment making have borne the brunt of liberalization. The emergence of the ready-made garment industry has thrown a lot of tailors, mostly Muslims, out of business. In principle, these workers could have been part of the new production chains provided they had appropriate loan and credit facilities. The artisans that survive have to face problems related to infrastructure e.g. expensive power, expensive raw materials due to lack of subsidies, and non-availability of credit and absence of marketing support. In the absence of these facilities, the artisans get exploited by middlemen. The wages given for ‘job’ work by the middlemen are usually very low.

A small survey and a group discussion among sixty women and girls in Kolkata's Garden Reach area reveals there are twelve to fifteen types of home-based work is available in their area: Stone work, Stitching , Zardozi work, Fardi work (Badla), heming, Thonga (paper bag) making, fabric carry bag making, Kite making, button work, filling of ittar (Scent) in to bottle, mehendi work. The stone work earns them 6 pc./ 12piece a day for Rs. 30/- to Rs. 60/- salwar (ladies dress) stitching for one picers. 4/- belt making for dresses per piece Re. 1/-, kite making for thousand kites Rs. 30/- to 50/-

Their job is not regular and they receive maximum 15-20 days' work a month. While on others they are workless. On the other hand they expect more wages and at least 25 days work per month to meet their basic need of food, education and health.

The poverty and marginalization faced by the largest minority in India is now empirically established reality. But the condition of the muslim women and girls is that of further exclusion and marginalization. They don't have access to higher education, have social restrictions against their mobility and are unable to access entitlements pertaining to food, education, livelihoods, health and housing. The muslim girls and women are the most vulnerable to poverty and deprivation. Also, they remain voiceless and faceless persons given the socio-cultural reality in our society.

Despite several efforts to promote equity in development not all socio-religious

communities (SRCs) have progressed at the same pace. A review of key development indicators highlights significant variations across the SRCs vis-à-vis the national average. Of particular concern is the socio-economic status of Muslims in India.

According to the Sacchar committee' appointed by the Prime Minister of India in 2005, Muslims in India fared worse than other SRCs on issues of access to health, education, credit, general infrastructure and employment. Muslims on an average had a lower probability of completing graduation in studies as compared to other SRCs (ibid, pp 73-74) and the unemployment rate among Muslims was the highest in both the poor and non-poor categories. As a result a disturbing 31 percent Muslims lived below the poverty line (ibid, p 157) Muslim women India, a constituency that has remained at the margins of the state policy; their unequal and marginalized status reflected across key development indicators such as literacy, access to bank accounts and workforce participation rates much below the national average. For example, in rural areas the work force participation rate for Muslim women was only 29 per cent, whereas that for Hindu women was 70 per cent (sacchar committee report op, cit, p 90) in urban areas the figure for Muslim women was even lower at 18 per cent.

The Muslim women are overwhelmingly engaged in home-based work in the informal- unorganised sector. Sewing, embroidery, *zari*work, *chikan*work, bandhni making work, readymade garments, *agarbatti*rolling, *beedi*rolling, jewellery making, small articles making are some of

the occupations in which Muslim women workers are concentrated. Their labour is characterized by low income, poor environment, absence of toilet and crèche facilities, lack of social security benefits like health insurance and the absence of bargaining power. In several states home-based industry has virtually collapsed owing to the liberalization regime leaving poor Muslim women spiraling downwards to destitution. The wages for home-based women workers and others remain abysmally low. The distinct pattern of Muslim women's employment in home-based work is in part due to discrimination in formal employment. In part, it is due to the vicious cycle of poverty, lack of education and technical skills, leading to low-skilled, low-income work, and to poverty. Muslim women are unable to bargain for better work conditions because much of the work they do is sub-contracted several times. Restriction of mobility (based on social and cultural factors) is an impediment to get in contact with unions or workers collectives in turn restricts their employment opportunities and wages. They do not have independent access to credit facilities, opportunities for skill up-gradation, or access to markets.

Conclusion:

There is a trend of increasing feminization of labour at the present is evident in the informal sector, shrinking formal sector job, increasing cost of living, privatization and displacement from traditional occupation forcing women to take jobs in the informal sector. Women works double then that of men-working hour with her gender role for

household take care. Lack of opportunity, education, computer skills leaves them incompetent in the job market available for skill category. Though there is no dearth of their traditional skills in handicrafts among their craftsmanship is unrecognized, It takes much larger deal of challenges for Muslim women to reach directly to market therefore compels her to depend on the middleman and sell their labour for much lesser rate compared to market. The socio-cultural barrier puts them behind four walls of home in one hand and the gap between the government facilities and their reach out to them is keeping them under the most vulnerable category for ages. Women's employment is rarely recognised by the family, their income is often considered surplus and spent for disposable purposes

rather investment. The family asset, bank accounts, house, lands are mostly kept in the name of men. It is high time we should talk more often on 'Women workers face serious problems and constraints related to work such as lack of continuity, insecurity, wage discrimination, unhealthy job relationship, absence of medical and accident care etc. The exploitation of female labour forces in informal sector is multifaceted. It is time to address the issues and discuss the kind of policy reforms and institutional changes required for the emancipation and empowerment of female labour force. Change should aim at changing the nature and direction of power at family and society to our policies which overlooks the skill and labour of women resulting the dispossession of Women labourers.

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NEWS AND EVENTS

Maidan Summit 2016 opens dialogue on youth-focused education and livelihood interventions in India

Driven by Magic Bus and supported by Laureus, Maidan Summit 2016 had organizations, practitioners and academicians share learning and best practices from education and livelihood-based development programmes across India. Bollywood celebrity and former Indian rugby player, Rahul Bose, delivered the keynote address. The conference was held on the 13th and 14th December at the University of Mumbai.



Maidan 2016 brought together international and grassroots development organizations, academicians, practitioners, and corporate houses in a common platform to discuss the best practices around education and livelihood-based interventions for young people in our country. In its sixth year, Maidan 2016 was led by Magic Bus India Foundation and co-hosted by Federation of Indian Chambers of Commerce and Industry (FICCI) and Tata Institute of Social Sciences (TISS).

In his keynote address, Rahul Bose, Bollywood actor and former Indian rugby player, said, “In life you can do nothing alone. Working with everyone and maintaining discipline are the two important skills one learns from sports.”

Matthew Spacie, Founder, Magic Bus said, “Every year we host Maidan to crystallize efforts made by each of us to address the most pressing problems facing the country. With 600 million Indians under the age of 25, ours is the youngest country in the global map. And yet, we are constantly faced with a mismatch between what is taught in our schools and skills and knowledge required to get a decent employment. This situation needs our immediate and collaborative action. Maidan 2016 is a step in this direction.”

The two-day event covered a range of topics:

- i. Interventions that have worked and which can be adapted by the education system to increase employability among youth in India.
- ii. Different methodologies that could be used in the classroom and outside it to engage children, promoting better learning.
- iii. Approaches and methods that have worked in achieving high employability, resulting in sustainable livelihood among youth.



While speaking at the inaugural session, ICSW South Asia Regional President, Prof. P.K. Shajahan emphasised that tapping energies and skills of youth is one of the best ways in achieving significant development outcomes in society.

By being active participants of the social networks, youth as a collective force can significantly influence and alter the conditions which create marginalities for themselves as well as the society at large and thereby contribute to a positive change in the social, economic and political contexts they live. He exhorted that all the youth and youth workers to come together and contribute to a positive social change through their imaginations, thoughts and actions.

About Magic Bus

Magic Bus is one of the largest poverty alleviation programmes in India, working with more than 400,000 children and 9000 volunteer mentors in 22 States and 58 districts of the country. We work with India's poorest children and young people, taking them from a childhood full of challenges to a life with meaningful livelihoods. We equip young people with the skills and knowledge they need to grow up and move out of poverty.

For more information, please contact:

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Read more at: <http://www.maidan.in/>

2. Upcoming event:

1st Postgraduate Conference on South Asia organized by the Ireland India Institute, Dublin City University. Call for papers deadline- 3rd February 2017.

For more information contact: india.postgraduateconference@dcu.ie

Or get in touch with Arpita Chakraborty (Arpita.chakraborty3@mail.dcu.ie) or Hari Krishnan (harikrishnan.sasikumar2@mail.dcu.ie).

AUTHOR GUIDELINES

The newsletter welcomes articles and commentaries on topics such as social welfare, governance, social policies, social protection, peace, and human security, with focus on South Asia. It encourages scholars and practitioners to write articles from their research work, academic papers, and field experiences. The newsletter strictly follows APA referencing style. It shall be the responsibility of the author(s) to ensure appropriate citations and referencing as per standard referencing rules. The selection of article and commentary would be primarily based on the quality of the manuscript and its relevance to the contemporary subjects and fulfilling the objectives of the newsletter. We request contributors to submit original articles and take due care in aspects such as methodology, theoretical discussion, clearer flow of arguments, and diplomatic language.

For Special Articles

The word limit is between 5000 and 6000 words (including abstract, keywords, and references). The author(s) should submit the article in MS Word format. It should have a cover page specifying aspects like title, author(s) name(s), affiliated institution, communication address, and short bio (of 100 words). Article should have an abstract of not more than 150 words and five keywords. In case of multiple authors, the first author will be considered as the corresponding author. A letter of authorisation from all the authors to agree to the order in which the names appear will have to be submitted along with the article.

For commentaries

The word limit for commentary is between 1000 and 2000 words. The author(s) should submit the article in MS Word format. It should have a cover page specifying aspects like title, author(s) name(s), affiliated institution, communication address, and short bio (of 100 words).

Review system

The manuscript received will be reviewed by the Editor and the Guest Editor. The accepted manuscript may undergo a process to fit within the policy outline of this newsletter. The Editor and the Guest Editor will provide inputs to the author(s) and it is the responsibility of the author(s) to make the necessary corrections. The decision of the Editor will be the final. All the communication will be carried out through e-mail.

Communication

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